drug file

In the end, millions of Americans go without adequate medical care. They cannot afford it. They are afraid it will break them. Or they cannot find a doctor. Some of them die. Others are left destitute. And most of them fall victim to needless pain and needless suffering. They are your parents or mine—your children or mine—our friends and our fellow citizens.

The disaster we call medical services makes most Americans forgotten Americans. It betrays each of them and all of us. Our system of medical care is in fact a system of medical neglect. It is in the deepest sense un-American.

Despite our power and our strength, despite our trillion dollar G.N.P., we have let young people die before their time and old people die when there was some precious time left. How will history judge us, a country which was first in the wealth of its resources, but far from first in the health of its people? And more importantly, how will we judge ourselves in those quiet, inner moments, when we remember that what finally counts is not how much we have, but what we are?

It is time for us to do more until we have done enough to sustain and enhance the health of our nation.

Countless medical students and some doctors have already answered the call to a new kind of service. In the early 1960s, student health organizations from Los Angeles to Boston pioneered concepts for comprehensive health care. In the summer of 1967, students like you joined together in New York City to found the student health project of the South Bronx. Their historic initiative was a sign of a new generation's determination to make medicine work for people.

But the young and the concerned in the the medical profession cannot do the whole job alone. Your voices have been heard—and sometimes even heeded. But your own efforts will take too long. And the results will be too uncertain. The only certainty is that entrenched and established forces will oppose you every step of the way. We cannot wait or gamble on the outcome. Human life and human health hang in the balance.

Four decades after organized medicine almost adopted a report favoring uniform financing for medical services—four decades and a hundred million illnesses too late—we must enact a medical bill of rights for all Americans. The Constitution commits our country to protect political freedom. Now, by legislation, the Congress must commit America to protect the physical health which alone makes possible the exercise of liberty.

The first medical right of all Americans is care within their means. Admission to a hospital or a doctor's office should depend on the state of an individual's health, not the size of his wallet. And we cannot depend on reform on half-way measures and half-hearted compromise. A right to medical care which left the burden of cost on the poor and the near poor would mock its own purpose. The only sure security is federally funded universal health insurance. That is our best hope for the future—and a priority goal in 1971.

We must take the dollar sign out of medical care. We must destroy the financial barrier between deprived people and essential medical services. We must end the terrible choice so many Americans face between losing their health and losing their savings.

The second medical right of all Americans is care within their reach. Even if we guaranteed the payment of health costs, millions of our citizens could not find sufficient medical services. The system is not only inequitable—it is also undermanned and inefficient. It is on the verge of collapse. The Nation must now respond with Federal financial incentives that will insure real reform.

There are not enough doctors. But Federal incentives can persuade medical schools to follow Einstein's lead and expand their enrollment. New schools can be created and sustained by Federal loans and grants. And Federal funds must also be provided to help medical students who should have something better than money to worry about. A program of scholarship aid must include all who are in need—and it must encourage minority students who intend to return to the old neighborhoods.

Yet the number of doctors is not the whole answer. If we produce 50,000 additional physicians and plug them into the current structure, our efforts for reform will certainly fail. Some of the health manpower legislation now before the Congress would do just that—and the result would be too many more doctors serving too few people at too high a cost.

Here, too, Congress must set up financial incentives that can move medicine in a new direction. We must encourage a shift from a system dependent on the individual doctor to a system built around the concept of the health team, composed of primary care physicians and other medical professionals. Teams would allow us to allocate medical resources with maximum efficiency and to maximum effect. They would employ paraprofessionals to relieve nurses and doctors from routine, time-consuming tasks. They would gather together diverse skills—from internists to pediatricians—and patients would deal with the team, not just a single physician. Einstein has experimented with the health team concept. The Federal Government must make Einstein's experiment national policy.

And health teams must be sufficient in distribution as well as in number. Federal bonuses must make it worthwhile to practice in the inner city and in rural America. Medical care cannot reach people unless people can reach doctors. And people must have more than geographic reach. A health team should also be subject to the reach of local influence.

Location incentives for health services must be designed to create responsive, personal structures. It was never right—and it is no longer possible—to satisfy Americans with distant, impersonal medical care. The system must respect everyone's identity—and sacrifice no one's dignity. And we must always remember that it is easier for a patient to reach a health team that he knows—than a shining new medical center walled off from surrounding rural poverty or a nearby urban ghetto.

The third medical right of all Americans is care within their needs. The present health insurance system is heavily biased toward high-cost hospital treatment and against preventive health care. That is incredibly expensive—and incredibly insensitive to the real needs of people. It has filled hospitals with patients who should not be there and would be better off elsewhere. A new national health program must reverse the old priorities. It must guarantee a range of medical services, comprehensive in scope, preventive in emphasis, and restricted only by the scope of scientific knowledge.

America's concern over the quality of health care has reached a high water mark in 1971. You are graduating from medical school at a time when the whole medical profession may be profoundly altered. You should welcome change—and work for change. Only in the context of a medical bill of rights for every American, can each of you truly and in the most literal sense profess your profession—which is nothing more and nothing less than the protection of human life.

And that requires not just a medical bill of rights, but a social bill of rights. The real cure for lead poisoning is not hospital care, but decent housing. The most effective treatment for malnutrition is adequate food. And the best guarantee of good health is a physically and emotionally health environment.

As health professionals, you must commit yourselves to total health care. And total care includes virtually everything that determines whether we are sick or well. You cannot confine yourselves to the technical skills you have learned here. You must also practice the fundamental human concern of a school like Einstein.

You must speak out for a fair and sensible medical care system.

You must stand up for social progress and for people—whether they are your patients or migrant workers two thousand miles away.

You can cure individuals—and you must help America build a compassionate society.

It will take time. There will be setbacks ad frustrations and defeats. But men and women who come from Einstein have good reason to believe that we can finally fashion a country that is great enough to be good. You have seen in your own lives what a difference one school can make. Now all of you have a chance to make a real difference in the lives of others.

The practice you choose and the practices you follow may not change our country overnight. But you can remind us by example of Aristotle's ancient truth: "Health of mind and body is so fundamental to the good life that if we believe men have any personal rights at all as human beings, they have an absolute moral right to the measure of good health that society is able to give them."

That is our challenge and our chance. Two thousand years after Aristotle wrote, we must secure a medical bill of rights for our own people. We can wait no longer—in health care or in society. In our individual lives and in our national life, whatever we can do, and whatever we dream we can do, we must begin now.

THE CIA FIGHTS ILLEGAL DRUG TRAFFIC

Mr. HANSEN. Mr. President, earlier this year I had the pleasure of addressing an ROTC group who was in the audience, questioned me in regard to certain allegations made in Ramparts magazine that the Central Intelligence Agency encouraged the opium traffickers of Indochina.

I doubt that such allegations have been given credence by many Americans, but apparently Mr. Ginsberg either believed them to be true, or chose to pretend that he believed them. But because I do not take such serious charges against our Government lightly, and believe that none of us should allow unjust criticism of our Government to stand unchallenged, I recently asked the Bureau of Narcotics and Dangerous Drugs to set the record straight on these accusations.

Bureau Director John Ingersoll replied this week, and his remarks are timely in view of the major initiatives President Nixon is expected to announce today to help deal with the illegal drug problem.

Mr. President, Mr. Ingersoll has reported to me that the CIA is his Bureau's strongest ally in identifying foreign sources and routes of illegal trade in narcotics. I ask unanimous consent that his letter of June 15 be printed in the RECORD, followed by a report on recent trends in the illicit narcotics market in Southeast Asia, and my telegram of May 11 which was printed in the final spring semester edition of the University of Wyoming student newspaper, the Branding Iron.

15. The typical refinery is on a small tributary of the Mekong River in an isolated area with a military defense perimeter guarding all ground approaches. Most of these refineries operate under the protection of the various military organizations in the region, or are owned or managed by the leaders of these military groups. The KKY units protect and operate most of the refineries in Burma. Leaders of these groups also hold an ownership interest in many of these facilities. In Thailand, the refineries appear to be operated by units of the KMT irregulars, whereas in Laos, most of the refineries operate under the protection of elements of the Royal Laotian Armed Forces (FAR). While the management and ownership of the Laotian refineries appear to be primarily in the hands of a consortium of Chinese, some reports suggest that a senior FAR officer may hold an ownership interest in a few of these facilities.

16. Most of the narcotics buyers in the tri-border area are ethnic Chinese. While many of these buyers pool their purchases, no large syndicate appears to be involved. The opium, morphine base, and heroin purchased in this area eventually finds its way into Bangkok, Vientiano, and Luang Prabang, where additional processing may take place before delivery to Saigon, Hong Kong, and other international markets.

17. Much of the opium and its derivatives transiting Thailand from Burma moves out of such Northern Thai towns as Chiang Rai, Chiang Mai, Lampang, or Tak by various modes of ground and water transport. These narcotics, along with those produced in Thailand, are smuggled into Bangkok for further refinement into merphine or heroin. A considerable quantity of the raw opium and morphine base is sent by fishing trawler from Bangkok to Hong Kong during a period from about 1 January to 1 May. During this period, approximately one fishing trawler a day—carrying one to three tons of opium and/or quantities of morphine base—leaves Bangkok for Hong Kong. The boats proceed to the vicinity of the Chinese Communist-controlled Lema Islands—15 miles south of Hong Kong—where the goods are loaded into Hong Kong junks.

18. Opium and its derivatives which move through Laos are transferred from the Mekong River refineries by river craft and FAR vehicles to Ban Houei Sai, farther downstream on the Mekong in Laos, from where it is transported on Royal Laotian Air Force (RLAF) aircraft to Luang Prabang or Vientiane. From Vientiane narcotics are usually sent via RLAF aircraft, as well as Air Laos, to other cities in Laos such as Savannakhet or Pakse or to international markets. A considerable portion of the Laotian produced narcotics is smuggled into Saigon on military and commercial air flights, particularly on Royal Air Laos and Air Vietnam. Although collusion between crew members and air line agents on one hand and individual narcotics smugglers on the other has been reported, poor handling of commercial cargo and the laxity of Lao customs control in Vientiane and other surreptitious loading of narcotics aboard commercial flights.

RECENT CHANGES IN THE AREA

19. There are tentative indications that larger quantities of raw opium may now be moving into the tri-border area for refining and that larger quantities of this raw opium are now being refined into morphine base and heroin in this area. As suggested in paragraph 13 above, data on the first two months of 1971 indicate that the Tachilek transshipment and refining area may be receiving and processing sizably larger amounts of raw opium than was the case in 1970. As for changes in the type of refined narcotics produced, the processing plants at Mae Haw in Thailand and Houei Tap in Laos now appear to be converting most of their opium into #4 or 96 percent pure white heroin. Previously, these refineries tended to produce refined opium, morphine base and #3 smoking heroin. An increased demand for #4 heroin also appears to be reflected in the steady rise in its price. For example the mid-April 1971 price in the Tachilek area for a kilo of #4 heroin was reported to be U.S. $1,760 as compared to U.S. $1,240 in September 1970. Some of this increase may also reflect a tight supply situation in the area because of a shortage of chemicals used in the processing of heroin. Rising prices for opium and its derivatives can also be seen in other areas of Southeast Asia.

20. The establishment of new refineries since 1969 in the tri-border area, many with a capability for producing 96 percent pure heroin, appears to be due to the sudden increase in demand by a large and relatively affluent market in South Vietnam. A recent report pertaining to the production of morphine base in the Northern Shan States would indicate a possible trend toward vertical integrations—producing areas establishing their own refineries—in the production of narcotics. Such a development would significantly facilitate transportation and distribution of refined narcotics to the market places.

MAY 11, 1971.

Miss VICKI WHITEHORN,
Editor, % The Branding Iron, University of Wyoming, Laramie, Wyo.

DEAR MISS WHITEHORN: In a letter to the editor, published in *The Branding Iron* of April 23, 1971, Mr. Allen Ginsberg asked my comments on some allegations contained in a recent issue of *Ramparts Magazine* which, in Mr. Ginsberg's words allege "that our government's Central Intelligence Agency has been for decades subsidizing the main opium traffickers of 83 per cent of the world's illegal supply in Indochina," and "that the CIA did actually subsidize main opium traffickers in Indochina as part of our political policy."

I do not take such serious charges against our government lightly, nor do I feel the students at our University can afford to take such charges lightly. None of us should allow unjust criticism of our government to go unchallenged. Therefore, I have sought the facts and hope you are able to print this in its entirety.

Having thoroughly investigated these allegations, I can state categorically that they are completely unfounded. As recently as April 14 of this year, the Director of Central Intelligence stated in an address to the American Society of Newspaper Editors: "There is the arrant nonsense, for example, that the Central Intelligence Agency is somehow involved in the world drug traffic. We are not. As fathers, we are as concerned about the lives of our children and grandchildren as are all of you. As an agency, in fact, we are heavily engaged in tracing the foreign roots of the drug traffic for the Bureau of Narcotics and Dangerous Drugs. We hope we are helping with a solution; we know we are not contributing to the problem."

The Central Intelligence Agency is directly accountable to the President, through the National Security Council which is privy to all of its activities; it is subject to the scrutiny of the Office of Management and Budget, which oversees is expenditures; to the President's Foreign Intelligence Advisory Board, made up of distinguished private citizens; and to four Committees of the Congress, to whom it reports on all its activities. To suppose that in these circumstances the Agency could conduct the activities alleged in the *Ramparts* article without the knowledge or approval of any of these authorities to which it is responsible, or that any of these authorities would sanction such activity, is the ultimate in absurdity.

Turning to some of the more specific allegations in the *Ramparts* article, it is worth noting that:

So far as opium entering the U.S. is concerned, recent studies indicate that perhaps only about 6 per cent of the illegal imports come from all of Southeast Asia, the remainder originating mainly in the Middle East;

Roland Paul, a former investigator for the Senate Foreign Relations Committee who made a study of the area last year, writes in the April issue of *Foreign Affairs* that "in passing it may be interesting to note that because of their long association with the American agency (CIA), the hill tribes have shifted their agricultural emphasis from opium to rice," a conclusion which can be solidly documented from other authoritative sources.

In fact, efforts of American agencies to discourage opium growing among these hill tribes has produced a North Vietnamese propaganda campaign encouraging and applauding the raising of opium poppies. This campaign contrasts the Communist-controlled areas where the population can "make our living as we wish" by raising opium to the lot of those under "imperialist domination" who are restrained from doing so. (In view of his concern, perhaps Mr. Ginsberg would like to raise the matter with the authorities in Hanoi.)

In summation, I can assure you that the allegations in question are completely false and that no U.S. Government agency operating in Southeast Asia has approved, supported, or condoned illegal drug production or traffic. On the contrary, these U.S. Government agencies are all cooperating in efforts to discourage opium production and distribution and these efforts have had at least some success.

Sincerely,

CLIFFORD P. HANSEN.

STEP BACKWARD—PSYCHIATRIC TRAINING CUTS UNWARRANTED

Mr. HUMPHREY. Mr. President, the administration's proposed cutback in psychiatric training is a cruel and unwarranted step backward in the field of mental health.

President Nixon has proposed a $6.7 million cut in funds for the National Institute of Mental Health's training support for fiscal 1972 and a planned phaseout of the entire $34 million program for psychiatric residency training.

This cutback would mean the loss of more than 1,000 hospital residency positions and severe curtailment of mental health services to the poor.

For example, the Presbyterian Hospital in the Bronx, N.Y., treats about 5,000 emotionally disturbed persons a year from the black and Puerto Rican communities.

If the President's cutbacks go into effect, the number of psychiatric residents would drop from 30 to 13 and the number of patients served would be reduced by an estimated 2,000.

It is important to emphasize that almost all of the patients seen at this facility are poor people, and there is no other psychiatric service available to them.

At a time when we are trying to upgrade health care and do more to help those with mental problems, we cannot afford to be cutting back.

Drug use, alcoholism, crime, and delinquency are creating severe emotional problems and increasing the demand for mental health services. The growing drug crisis among Vietnam veterans and soldiers is further compounding the situa-